

7th TRIPLE i: intuition, imagination and innovation
in Suicidology Conference
PROGRAMME AND ABSTRACT BOOK



5th – 6th May 2016

Piran, Slovenia

TRIPLE i
in suicidology



intuition
imagination
innovation



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– PROGRAMME AND ABSTRACT BOOK

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Dear Triple i guest,

We are happy to welcome you at the 7th TRIPLE i in Suicidology Conference!

TRIPLE i in Suicidology is an international conference organized by the Slovene Centre for Suicide Research (UP IAM).

In recent years, the conference has developed into a platform for fruitful discussions among distinguished experts in suicide research and prevention, interacting with young and perspective suicidologists and other mental health professionals.

For continuing this idea, we have invited a smaller number of presenters in comparison to conventional conferences also for the 7th edition of the conference. Speakers will have time to present their topics and share the newest findings in the field of suicidology with you. Also, more time is dedicated for the discussions and we encourage you to participate actively, share your views and ask questions: we aim to create a friendly environment, where participants can truly interact, connect and learn from each other.

The Triple i 2016 programme includes topics of suicide research and clinical work with suicidal patients and thus we will address theory, research, prevention and interventions in suicidology. In addition to key-note lectures, there will be short oral presentations and symposium.

Scientific program will be rounded up with an evening social event on Thursday, 5th May in the lovely Piran. We will spend time together exploring the wonderful city and enjoying dinner at a local restaurant.

Let the TRIPLE i Conference be an opportunity for you to express and practice your *intuition*, *imagination* and *innovative ideas*. Our aim is to increase awareness and knowledge about suicide and thus contribute to the development of suicide prevention and postvention activities.

Prof. Diego De Leo, Dr. Vita Poštuvan
Chairs

Tina Podlogar, Urša Mars Bitenc, Nuša Zadavec Šedivy
Organising committee



Diego De Leo



Vita Poštuvan



Tina Podlogar



Urša Mars Bitenc



Nuša Zadavec Šedivy

About Slovene Centre for Suicide Research (SCSR)

Slovene Centre for Suicide Research was founded in 2011 within UP Andrej Marušič Institute, University of Primorska. The initiative for establishment of an independent unit within the institute was put forward by Prof. Diego De Leo and a group of former co-workers of late Prof. Andrej Marušič in the memory of his work and with the purpose of continuing it.

Research and prevention of suicide are addressed as crucial activities of clinical-research work. The Centre is involved in international and national projects and is the initiator of numerous innovative approaches in suicidology.

The Centre's vision is to provide high-quality research for better understanding of suicidal behaviour, thus contributing to suicide prevention, intervention and postvention.

What we do?

- We are working towards reducing suicide rates in Slovenia.
- We prevent suicidal behaviours, both fatal and non-fatal.
- We use a wide range of high-quality research methods in order to better understand and explain suicidal behaviour.
- We carry out research in a multi-level, multi-disciplinary way that can be implemented flexibly in various cultural contexts.
- We provide effective intervention, treatment options, and postvention activities.
- We fight stigma associated with suicidal behaviour.
- We disseminate the latest knowledge in the field of suicide within the general public and field professionals.
- We engage in different events and media in order to bring together people from academia, government, NGOs, and general public.
- We provide education and training opportunities for university students and other interested parties.
- We are members of national and international associations and research networks.
- We contribute to the implementation and evaluation of a suicide prevention strategies (national suicide prevention strategy is in progress).

The Core Team

Head: Prof. Diego De Leo, PhD

Deputy Head: Assist. Prof. Vita Poštuvan, PhD

Researchers: Dejan Kozel, Urša Mars Bitenc, Tina Podlogar, Nuša Zadavec Šediv

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TRIPLE I 2016

Programme DAY 1

Thursday 5 th May 2016	
When?	What?
8:15 – 9:00	Registration
9:00 – 9:15	Welcome
9:15 – 10:45	Prof. Lars Mehlum: Developing clinical interventions for self-harming and suicidal adolescents – What are the challenges and what works?
10:45 – 11:15	Coffee break
11:15 – 12:45	Dr. Vladeta Ajdacic-Gross: Rethinking suicides as mental accidents – Evidence from epidemiology, prevention and empirical research
12:45 – 13:15	Open discussion
13:15 – 14:30	Time for lunch
14:30 – 16:00	Dr. Miran Pustoslemšek: Suicidal behaviour in prisons
16:00 – 16:30	Coffee break
16:30 – 18:00	Short presentations
18:00 – 18:30	Open discussion
19:00	Social programme: Sightseeing tour and dinner **

** meeting point: the lobby of Hotel Tartini



Programme DAY 2

Friday 6 th May 2016	
When?	What?
9:00 – 10:30	Prof. Ping Qin: The interplay of socioeconomic and health risk factors on suicide risk – What we have learned from empirical data
10:30 – 11:00	Coffee break
11:00 – 12:30	Dr. David Kerr: Long-term perspectives on suicide risk – Illustrations from a 30 year study of American boys
12:30 – 13:00	Open discussion
13:00 – 14:30	Time for lunch
14:30 – 16:00	Prof. Diego De Leo: Management of suicide risk in clinical practice
16:00 – 16:30	Coffee break
16:30 – 18:00	Symposium: STRENGTH (MOČ) – Help to people, knowledge to professionals
18:00 – 18:30	Open discussion and closing

Lecture 1 (9:15 – 10:45)

Prof. Lars Mehlum

Prof. Lars Mehlum is a professor of psychiatry and suicidology at the University of Oslo, where he founded the National Centre for Suicide Research and Prevention. He is a past president of the International Association for Suicide Prevention and president-elect of the International Academy of Suicide Research. His research focuses on suicidal and self-harming behaviours among young people. He is involved with treatment and interventions studies, among others he is an advisor for suicide prevention strategies in the European Union and in numerous countries globally. His motivation arises from the sheer importance of preventing suicidal and self-harming behaviours.

Lecture title

Developing clinical interventions for self-harming and suicidal adolescents – What are the challenges and what works?

Abstract

According to population studies 5-10% of adolescents report past-year self-harm (nonfatal self-poisoning or self-injury with or without suicide intent), with cutting as the most commonly reported method. Although a very common motive for self-harm in adolescents is to get relief from strongly negative emotions, many self-harm episodes are, nevertheless, motivated by a wish to die. A large proportion of adolescents who have self-harmed, receive no treatment for their emotional and behavioral problems. Among those adolescents who have indeed been referred to specialized care, many drop out prematurely because of their treatment interfering behaviors or lack of support from families or clinical services. Self-harm is a powerful predictor of completed suicide. There is thus a strong need to develop effective interventions that are accessible and acceptable to self-harming adolescents and their families, as well as feasible to deliver in community mental health settings. This has been the aim of substantial amounts of research published over the last two decades, but the first trials to demonstrate effectiveness of treatments in preventing repetition of self-harming and suicidal behavior have emerged only during recent years. Among these are the so-called integrated cognitive behavior therapy (iCBT) combining standard CBT with motivational interviewing and family therapy targeting parent-adolescent communication; this seems to reduce the risk of suicide attempts in suicidal and cannabis or alcohol abusing adolescent inpatients. A year of weekly individual sessions and monthly sessions of mentalization based therapy (MBT) has, furthermore, been found to reduce the rate of self-harm repetition in adolescents with borderline traits and at least one episode of self-harm over the last month. Nineteen weeks of dialectical behavior therapy adapted for adolescents (DBT-A) with borderline traits was found to lead to significant reductions in the number of self-harm episodes during the treatment and at 12 months follow-up in adolescents with recent and repetitive self-harm. These clinical interventions have all been able to demonstrate efficacy with respect to the risk of overt self-harm behaviors although none of the trials have so far been replicated. Among important aspects of efficacious interventions addressing self-harm in

adolescents seem to be improving family and parental functioning, teaching skills in interpersonal functioning and emotion regulation, fostering an increased ability to observe and describe behaviors in terms of emotions and thoughts, strengthening treatment adherence and motivation for change and providing validation and social support.

Whereas treatment research with suicidal and self-harming adolescents and their families remains one of the most complex and demanding tasks clinical researchers can undertake, a lot of progress has been made over recent years that gives reason for treatment optimism provided we are able to disseminate the new knowledge into routine clinical practice in the many contexts self-harming adolescents are encountered.

Lecture 2 (11:15 – 12:45)

Dr. Vladeta Ajdacic-Gross

Dr. Vladeta Ajdacic-Gross is an epidemiologist and sociologist, employed at the University of Zurich, Switzerland, at the Department Psychiatry, Psychotherapy and Psychosomatics, and at the Epidemiology, Biostatistics and Prevention Institute. His main focus is analysing longitudinal data (e.g. time series, cyclic phenomena) and suicidal methods.

Lecture title

Rethinking suicides as mental accidents –Evidence from epidemiology, prevention and empirical research

Abstract

Since the 19th century, suicide research has greatly progressed in respect of empirical research. The understanding of suicide has mostly benefited from successful prevention efforts across recent decades. In contrast, understanding the issue on a theoretical level, combining the micro and the macro perspectives or applying knowledge about risk factors in the prediction of individual suicidal processes – all these have shown disappointing progress. We suggest that rethinking is necessary. Provided that suicides are rare events and that the best predictor of suicides on the individual level is pure chance, suicides compare well to mental accidents. First, we go on to examine how this paradigm fits with different subtypes of suicidal processes. Second, we introduce four risk factor layers in order to classify main mechanisms which drive increasing / decreasing suicide risk. Little surprisingly, tackling a rare event such as suicide implies a heterogeneous and complex framework. The "mental accident" concept paves the way for a new understanding of suicide which is probabilistic, interdisciplinary and promises to overcome the incompatibility of macro and micro perspectives.

Lecture 3 (14:30 – 16:00)

Dr. Miran Pustoslemšek

Dr. Miran Pustoslemšek is a psychiatrist and cultural anthropologist, working as the head of the Unit for forensic psychiatry in University clinical centre Maribor. He has 20 years of experiences with in-patient treatment and for about 10 years he was leading the department for anxious and depressive disorders. What keeps him motivated is research in the field of traditional culture and postmodernism in relation with mental disorders, including suicidology.

Lecture title

Suicidal behaviour in prisons

Abstract

Prevalence of mental disorders in prisons is higher than in general population, including suicidal behaviour. Specific circumstances in prison will be presented, and also the algorithms of treatment in the prison system in Slovenia. The hospital treatment is conducted in the Unit for forensic psychiatry in University clinical centre Maribor (author is the head of the Unit).

Short presentations 1 (16:30 – 18:00)

1.1 Risk Factors for Multiple Suicide Attempts in Hungary: the role of Roma ethnicity

Monika Ditta Toth, Szilvia Ádám, Tamás Zonda, Emma Birkás and György Purebl (Institute of Behavioural Sciences Semmelweis University, Hungary)

Abstract

Background. Attempted suicide rates in the Roma population, which is the biggest ethnic minority group in Hungary, are 2-3 times higher than in the non-Roma population. The aim of this study was to explore socio-demographic and psychological risk factors of Roma and non-Roma multiple suicide attempters.

Methods. Semi-structured interviews were conducted among 150 suicide attempters, 65 of whom were multiple attempters. Patients completed Beck Depression, Hopelessness and Social Support questionnaires. Independent samples t-tests were used to evaluate the difference in the level of psychological variables between the Roma (N=60) and non-Roma (N=90) groups. Odds ratio analyses were performed to identify risk factors of multiple suicide attempts.

Results. There was a significantly higher level of previous suicide events among the Romas than the non-Romas (3.53 vs. 0.84, $p=.000$), and a significantly lower level of diagnosed mood disorder (54.8% vs. 72.7%, $p<.001$). Major depression, hopelessness and diagnosed mood disorder were identified as significant risk factors among both ethnic groups, while smoking (OR=5.4), family history of suicide (OR=4.9) and long term unemployment (OR=4.6) only among Roma patients.

Conclusions. A thorough understanding of the unique risk factors among the Roma and non-Roma population in Hungary could facilitate the development of ethnic-specific intervention programmes.

1.2 Relationship between characteristics of Dunbar's social network and early maladaptive schemas in suicide attempters with and without borderline personality disorder (BPD), and healthy women

Márk Bérdi (Péterfy Sándor Street Hospital-Clinic and Accident-Emergency Centre, Psychiatry and Crisis Intervention Department, Hungary) and Zsolt Unoka (Semmelweis University, Psychiatry and Psychotherapy Clinic, Department of Psychotherapy, Hungary)

Abstract

Introduction. Among suicide risk factors certain psychopathological characteristics and social network (SN), as defined by Dunbar, play significant role. The small size and low level of expected support in their network are risk factors for suicidal people. Dysfunctional representation of early relationships affect network characteristics.

Methods. 90 suicide attempters (mean age=44 yrs, SD=14.8 yrs) and 35 matched healthy controls were evaluated with SCID-II for BPD, SN characteristics as estimated by Dunbar's method, and Young Schema Questionnaire (YSQ) for early maladaptive schemas (EMSs).

Results. In patient groups SNs ($p < 0.01$; patients: M: 3.54, SD: 3,08; control: M: 7.94, SD: 2.85), and perceived social support ($p < 0.01$ patient: M: 2.11, SD: 0,65; control: M: 2,54, SD:0,34) were significantly smaller. Perceived support from relatives was smaller in suicide attempters with BPD than without BPD. EMSs showed significant relationship with the size and characteristics of social network.

Conclusions. There are differences between patient and control groups in the number of active relationships initiated in the past one month and in the perceived supportiveness of them. Correlation of these differences with EMSs can be found. For the reduction of the risk of suicide reattempts, therapeutic interventions should deal with the development of supportive relationships, and the treatment of EMSs.

1.3 Seasonal and weather factors in violent and nonviolent suicidal behaviour in men and women in Hungary

Márk Bérdi (Péterfy Sándor Street Hospital-Clinic and Accident-Emergency Centre, Psychiatry and Crisis Intervention Department, Hungary), Zoltán Jakab (Eötvös Lóránd University, Hungary) and Rita Pongrácz (Eötvös Lóránd University, Hungary)

Abstract

Introduction. Numerical distribution of suicide cases varies during the calendar year. The effect of seasons and various meteorological factors on completed suicides is debated since Émile Durkheim coined the problem in his book: "Le Suicide". The present study was conducted in order to investigate seasonality, and to estimate the effects of different weather variables in violent and nonviolent suicides in men and women.

Methods. Population-based daily mortality data in Hungary between 1991 and 2012 has been used. Daily meteorological variables (atmospheric pressure, minimal/mean/maximal air temperature and total amount of precipitation) were measured in two distant regions of Hungary (a Northern and a Southern area) and data from these two areas were averaged and used as representatives. The

violence of suicide methods were categorized according to ICD-9 codes (nonviolent: E950-E952 and violent: E953-958). ANOVA and regression models (stepwise method) were used. Data was provided by the Hungarian Central Statistical Office (KSH) and the Hungarian Meteorological Service (OMSZ).

Results. In the investigated time period 65532 suicides occurred (daily minimum: 0, max: 24; average age: 53,6 yrs, SD=27,9 yrs, 75% male), 81% of the suicides were violent. The overall variance of the number of suicides between the seasons was significant ($F=191,69$; $p<,00$). The most suicides occurred in June, the less in January. Between-days of the week variance is significant ($p<,00$), on Mondays significantly ($p<,00$) more, while on Sundays less suicides occur than on any other weekday. Suicides completed with a violent method show a greater between-season variance (although not significant): more violent methods are used in the summer. Gender differences are significant: men complete more suicides in all seasons than women, men suicides show a significant between-season variance, while there is no such difference by women. 62,7% of women and 87,4% of men used violent method. When violent method is chosen, men are overrepresented (MD: 4,13; $p<,00$), but when non-violent method is used, gender differences almost vanish (MD: ,028; $p<,038$). Regarding the day of the suicide was completed, a significant overall variance can be found in both sexes, but this variance is larger in men. Out of the investigated meteorological variables, only daily average atmospheric pressure showed a significant negative association with suicides (Beta = - ,068, $p<,00$). In cases of violent method this effect was even stronger (Beta = - ,078, $p<,00$), while in nonviolent cases no such effect was found.

Conclusions. Circannual rhythms in suicide can be found with significant gender differences. Violent methods of suicide follow this seasonality but nonviolent ones do not. The analysis of weather parameters for a longer time period (e.g. up to a week) would make a more precise analysis available.

1.4 Greek National Network of Suicide Recording

Kyriakos Katsadoros, Aristeidis Violatzis, Konstantina Karydi, Olga Theodorikakou, Dorothy Garoni, Demian Katsadorou, Gina Kefala, Ioannis Chatzidakis and Dimitris Ziakas (Klimaka NGO, Greece)

Abstract

Introduction. Klimaka (NGO) runs, since 2007, the only Suicide Prevention Helpline in Greece (1018, 24/7) and, since April 2012, the Suicide Prevention Centre in Athens, under the auspices and the supervision of the Greek Ministry of Health. The scientific personnel of the helpline consist of psychiatrists and psychologists. In 2010, Klimaka created a voluntary national network that monitors and collects information about suicides and suicide attempts in Greece. The network has been constantly expanding to as many regions of the country as possible. Information is gathered on a daily basis by mental health professionals, health professionals, helpline callers, suicide Prevention Day Center beneficiaries, members of the clergy, police officers, teachers, fire fighters, disaster rescuers and lay people. Additionally, a group of volunteers search daily on the internet, regional/local print and online newspapers. Different Greek websites are monitored through different web browsers (internet explorer, Google chrome, Mozilla etc).

Aims of this study are: to depict the dimensions of the problem in the present time, create an interactive map representing the suicide trends across the country, to avoid a two-year delay

needed by the National Statistical Agency to publicize relevant data, to use data in order to promote local and national actions of suicide prevention (media campaigns, send prevention guides to schools, contact the clergy, motivate local doctors etc.), contact suicide attempters and survivors and when in remote areas assist them by the center's Tele-psychiatry system and/or connect them with local mental health services.

Methods. Deployment of individuals with suicidal intent and/or suicidal thoughts, suicide attempters and survivors using the suicide helpline and the national network of suicide recording.

Results. The results of the study have shown: (i) Increased number of phone calls from suicide cluster areas, (ii) Recruitment of new local partners such as clergy staff, educational staff etc., (iii) Creation of survivors groups, (iv) Collection of under-reported suicides and attempts.

Conclusions. Suicide trends change faster than the two years' time the National Statistical Agency needs to publicize relevant data. Thus, a national network of suicide recording is needed in order to detect and manage suicide clusters. Finally, this study highlights the severity of the problem in specific regions. Klimaka has a long-lasting experience in development of Tele-psychiatric applications and services in remote Greek islands. Suicide prevention Center has created a software application that will focus mainly on individuals' emotions fluctuation, hopelessness, impulsivity, social isolation and suicidal ideation in order to be readily available to intervene.

1.5 The self-perceived effects of mindfulness and experiences of participants involved in the MBCT-program

Maja Rahne (Slovenia), Vita Poštuvan (University of Primorska, Andrej Marušič Institute, Slovene centre for suicide research, Slovenia) and Bojan Musil (Department of Psychology, Faculty of Arts, University of Maribor, Slovenia)

Abstract

Introduction. Mindfulness and mindfulness based interventions are a topic, which has been subject to increasing interest. Despite rich empirical evidence about the efficiency of mindfulness based cognitive therapy, there is still room for research in the area of change processes of the program participants go through. The research focuses on the experience of the participants involved in the MBCT program, as well as on the self-perceived effects or changes, which could be connected to the participation in the NARA program (MBCT program implemented in Slovenia, organized by Slovene Centre for Suicide Research).

Method. The research is based on a qualitative research method. Taking into account the principles of grounded theory, fourteen semi-structured interviews with participants, who have engaged in most of the meetings within the MBCT program, have been analysed. The average interview lasted 106 minutes.

Results. After completion of all phases of analysis, the 302 different codes with corresponding 2358 quotes, and the 14 supercodes were merged into eleven concepts. These concepts describe and explain the participant's first contact with the Program NARA (1), their experiences of the group setting (2) and the role of the teacher (3), their affinity to the contents and organizational structure of the Program (4), the way they practiced mindfulness (5) and how they cultivated regular practice and the importance of such practice (6). Furthermore the development of self-esteem and accepting oneself (7) is explained, followed by personal growth and improved quality

of life (8) and changes in impulse and reaction control (9). Lastly the integration of discoveries (10) and maintaining contact with mindfulness (11) is described. Based on these concepts, a Change process model for the MBCT program was created.

Discussion. The model explains the role of the participant as an individual with specific expectations, motivation and well-being in the change process. Two important factors, which also mediate change, are the formal and informal support, offered to the participants by the teacher and other members of the group. Regular practicing of mindfulness and the performance of exercises are of key importance to cultivate the attitude of mindfulness and awareness and discontinue the automatic dysfunctional routine behaviour. A changed attitude towards oneself and one's thoughts and emotions further results in improved psychological well-being and quality of life. The integration of the participant's discoveries and opinions, as well as reflection on one's experience is also important for maintaining the attitude of mindfulness and further personal growth.

Conclusion. The research enables us to understand the comprehensive experience of the individuals involved in the MBCT program, while the model helps us explain the change process the participants go through.

Lecture 1 (9:00 – 10:30)

Prof. Ping Qin

Prof. Ping Qin works at National Centre for Suicide Research and Prevention, University of Oslo in Norway. She is the leader of a research group for register-based study on suicide and deliberate self-harm. Her main focus for the past 20 years is the quantitative investigation on the contextual effect of multifactorial exposures on risk for suicidal behaviour, publishing a range of influential epidemiological studies on suicidal behaviour in the context of socio-economic disadvantages.

Lecture title

The interplay of socioeconomic and health risk factors on suicide risk – What we have learned from empirical data

Abstract

In understanding the complexity of suicide, many studies have delved into identification of important factors in one's life trajectory contributable to the tragedy. Well-documented factors that affect the risk of suicide include psychiatric disorders, psychological distress, somatic illness, socioeconomic disadvantages and genetic vulnerability. While these factors may be present alone and have a significant effect increasing suicide risk independently of each other, some of them can co-occur because of their internal connections or shared mechanisms underlying their link to suicidal behaviour. For instance, physical illness may lead to psychiatric problems and vice versa; socioeconomic distresses are strongly correlated with mental or physical health problems. It is therefore possible that two risk factors, either present simultaneously or subsequently, can interact with each other and have an additive, synergistic or antagonistic effect on risk for suicide. Knowledge about the interactions between important risk factors is informative in understanding the mechanisms of suicide and in implementing treatments and interventions for individuals with the exposures and thus at risk for suicide. In this lecture, I will present what are common interactive effects between risk factors, discuss how one risk factor differentiates the influences of some other risk factors on risk for suicide, and elaborate what such interplay implicates when it comes to clinical treatment and suicide prevention. Findings from early Danish register-based studies as well new evidence based on Norwegian population data will be used for discussion.

Lecture 2 (11:00 – 12:30)

Dr. David Kerr

Dr. David Kerr comes from Oregon, USA, where he works at the School of Psychological Science, Oregon State University. His field of work includes research on the development of depression, conduct problems and health-risking behaviours, and prevention of suicidal behaviour in adolescents. At the moment he is focusing specifically on longitudinal studies of community

samples of youth. The broadness of the field of suicide prevention is his inspiration, knowing that suicide leaves a scar within and across generations – thus, by preventing one suicide we can save many lives. In his view, suicidal behaviors are not just “risk factors” but psychologically painful experiences, and public health problems in their own right – therefore, sparing a person from having these experiences does not only help avert death, it enhances life.

Lecture title

Long-term perspectives on suicide risk – Illustrations from a 30 year study of American boys

Abstract

It is intuitive to look for and address suicide risk where we know we will find it: in those who report suicidal thoughts and behaviors, and among people who present for treatment of depression or other risk factors. However, whereas our focus is strongest in relation to females and individuals presenting in clinical contexts, most people who die by suicide are male and have not had recent contact with a health care provider. Our literature also is dominated by cross-sectional or short-term longitudinal studies, and a reliance on human memory for events and internal experiences that are difficult or impossible to recall. These approaches may not identify risk processes that unfold, accumulate, or dissipate across development. Dr. Kerr will present a series of findings from a study of community boys assessed repeatedly from ages 10 to 42 years. In particular he will emphasize relations among violence, crime, suicidal thinking, and suicide attempt and the roles of shared childhood risk factors. He will highlight how innovations in design and analysis of long-term studies have implications for understanding suicide risk and imagining new opportunities to prevent it.

Lecture 3 (14:30 – 16:00)

Prof. Diego De Leo

Prof. Diego De Leo (the head of Slovene Centre for Suicide Research and professor of Psychiatry at the Griffith University in Brisbane, Australia), is considered as one of top five world leading experts in suicidology by international professional and scientific public. His research expertise includes definitional issues in suicidology, culture and suicide, international trends and national suicide prevention programs. He received numerous world renowned awards for his scientific work. He has published extensively with over 700 publications, including 290 peer-reviewed articles, 150 book chapters and 35 volumes.

Lecture title

Management of suicide risk in clinical practice

Abstract

Assessing or treating a suicidal patient represents probably the most challenging task clinicians have to face in their professional life, both intellectually and emotionally. Not many clinical interactions generate emotional responses quite as intense as dealing with an individual who has

recently survived a serious suicide attempt or is contemplating a fatal act in the near future. There are multiple reasons behind these responses. Firstly, as clinicians we have been trained to objectively and systematically assess symptoms and signs of illness in order to reach a sound diagnosis. On the basis of this diagnosis—whether provisional or confirmed—we have the responsibility of formulating and evaluating an effective treatment plan. In the case of suicidality, what we are often faced with is not a diagnosable illness but a behaviour to which many different psychiatric illnesses of various severities may contribute. In some cases, no detectable psychiatric illness is present. Secondly, as clinicians we have been invested with the responsibility of ensuring the wellbeing of our patients and, as much as possible, to avert complications arising from illnesses. In recent times, clinicians have experienced an increasing level of scrutiny into the validity of the diagnoses attributed to patients and the effectiveness of the treatment strategies implemented. The threat of litigation has greatly affected the way clinicians approach clinical interactions with their patients. As a result, being able to manage the countless issues surrounding the assessment and management of individuals presenting with suicide risk represents one of the fundamental skills clinicians have to develop and preserve throughout their professional life. This presentation will deal with all clinical aspects and duty of care involved.

Symposium (16:30 – 18:00)

STRENGTH (MOČ) – Help to people, knowledge to professionals

Saška Roškar¹, Nuša Konec Juričič¹, Urška Kolar¹, Alenka Tančič Grum¹, Ksenja Lekić¹, Mojca Vatovec², Vita Poštuvan³, Janina Žiberna³ and Bogdan Dobnik⁴ (¹National Institute of Public health, ²Slovene Association for Suicide Prevention – Posvet, ³University of Primorska, Andrej Marušič Institute, Slovene centre for suicide research, ⁴National Organization for Quality of Life – OZARA, Slovenia)

Abstract

Introduction. Slovenia lacks a National programme of mental health and is hence facing big regional differences in terms of mental health indicators. In the project MOČ (if translated that would mean Strength) public mental health is addressed in an integrative manner by enhancing local health care support, spreading knowledge among professionals and empowering them to better cope with stressful situations.

Aim. The project MOČ has a general goal of increasing the level of mental health services in Slovenia. Furthermore, the project has two specific goals namely to (i) increase the number of trained professionals (in primary health care as well as in other social and health related services) for recognition of mental health distress and suicidal risk and (ii) upgrade the existing counselling services as well as establish new ones in those regions where they are deficient. The target groups in the project were (i) professionals working at the primary care level and other professionals coming into contact with people at risk and (ii) adult persons experiencing acute distress, respectively.

Method. A training programme for the group of professionals aimed at recognition of mental health problems and suicidal behaviour was prepared and delivered at site. Furthermore a mindfulness-based program for professionals called NARA – strength to professionals through mindfulness was provided to the same group of professionals. New (altogether 6), easily

accessible psychological counselling services were established in regions where they previously non-existent. In psychological counselling services (altogether 3) which existed prior to the project, new programmes were offered next to individual counselling. A public awareness campaign with leaflets, posters, TV and radio broadcast was launched to raise the awareness about the topic of mental health and suicide prevention.

Results. Results show that the training programme on mental health issues and suicide prevention was well received by primary health care professionals, as well as other professionals (police officers, employees of Social work centres) frequently working with vulnerable population. Nearly 600 professionals attended the programme. Professionals expressed a desire in further training on topics ranging from mental health issues and to be able to attend programmes for strengthening their own mental health in the future (123 professionals attended). Services aimed at dealing with individuals in temporary mental distress attained stated goals. As expected, it was shown that there is a great need for counselling services – from February 2015 to January 2016 help was offered to little less than 1000 people. Nevertheless, there is a difference in attendance between regions. Attendance was greater in regions, where counselling centres had already been established prior to the project whereas a smaller attendance was observed in some newly established centres. Incidentally, those are the centres in the regions with lower mental health indicators. The evaluation of public awareness campaign revealed that that individuals are favourably inclined to media activities and awareness campaigns, directed at mental health issues. Awareness campaign and its materials (TV ad, posters and leaflets) were more frequently noted in the North Eastern regions of Slovenia, where indicators of mental health are not as high as in other parts of Slovenia. Findings of the evaluation show that more than half of the interviewed have already experienced mental distress, although only half of them have sought help. Unemployed and women are the largest part among those.

Conclusion. The recommendations deriving from the result of the project are compatible with legislative documents in the field of mental health. In the future, it would be advisable to support, develop and keep the network of counselling centres. At the same time, reasons for smaller attendance in vulnerable regions need to be explored and efforts diverted towards destigmatization of psychological counselling in these regions while offering a bigger media support to counselling centres in these regions. Also, reasons for the gap between those in need of help and those seeking help should be more thoroughly investigated – stigmatization, insufficient access to help resources, inadequate knowledge of help resources are some of the possible causes. Knowing the causes for the gap in treatment and search for help would offer opportunities to further develop measures in the field of mental health in Slovenia.

All services offered in this project were free of charge during the duration of the project. The project is funded by the Norway Grants 2009 - 2014.

Duration of the project: 11.2.2015 – 30. 6. 2016

Practical information

About Piran

One of the most photogenic cities in the Mediterranean, Piran has preserved its unsurpassed charm. Enter the picturesque Piran, get to know its rich history and culture, and listen to the stories of its people. The proximity to the sea and the rich history, which is mirrored in the architecture, draw magical scenes.

In Piran, you will feel as though you have stepped right into a picture postcard. You will be charmed by the narrow streets within the old town wall. In the main square, you will be greeted by the statue of the most famous man in Piran, the well-known Giuseppe Tartini, composer and virtuoso violinist who was born in a house just steps from the square. On the pier, you can catch sight of fisherman unravelling a fishing net. A market woman from Piran will have just delivered vegetables, fresh from her garden, to the market. Locals sitting by the sea, chatting and listening to sounds of the sea, greet you with a nod.

Piran is very proud of its various cultural and art establishments such as the Tartini theatre, coastal galleries, Maritime museum and Aquarium. Many national and international artists gather at the annual Ex-tempore. Throughout the year, many other cultural events take place.

Local Tourist Board

Turistično združenje Portorož, g.i.z., Obala 16, 6320 Portorož

++386 5 674 82 60

info@portoroz.si

www.portoroz.si

Post Office

Pošta Piran, Leninova ulica 1, 6330 Piran

++386 5 671 33 00

Bus station

Avtobusna postaja Lucija, Obala 114, Lucija, 6320 Portorož

The Piran Bus Station is situated at the gateway to the old town centre of Piran, right by the sea.

++386 5 671 31 22

Police

Policijska postaja Piran, Liminjanska 116, Lucija 6320 Portorož

++386 5 617 16 00

Medical centre

Zdravstveni dom Piran, Cankarjevo nabrežje 9A, 6330 Piran

++386 5 677 33 20



zivziv.si



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Postaja za razumevanje samomora

Si v stiski?

Imaš občutke nemoči, brezupa in misli o samomoru? Informacije za ljudi v stiski v stiski so le klik stran. ↕

Kako pomagati?

Se pri delu srečuješ z ljudmi v stiski? Tukaj najdeš programe in gradiva za pomoč. ↕

Po samomoru

Izguba bližnjega zaradi samomora je težka. Poišči informacije o žalovanju in reintegraciji. ↕

Za medije

Odgovorno poročanje je pomemben dejavnik preprečevanja samomorov. ↕

Živ?Živ! (lit. Alive?Alive!) is a web station, where professionals and people with personal experience write about mental health. It provides information for all who are currently in distress, for their loved ones or the experts who are faced with them, and also for the bereaved and the media.

Welcome!